



State of New Hampshire 2006 ANNUAL REPORT

The following information shall be given as of January 1
preceeding the due date Pursuant to RSA 293-A:16.22.

REPORT DUE BY April 1, 2006

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE
WILL BE ASSESSED A LATE FEE.

Filed

Date Filed: 03/27/2006

Business ID: 2518

William M. Gardner

Secretary of State

MILLIKEN BROS., INC.

474 RIVERSIDE IND'L PKY

PORTLAND , ME 04103

ADDRESS OF PRINCIPAL OFFICE:

474 RIVERSIDE IND'L PKY

PORTLAND , ME 04103

REGISTERED AGENT AND OFFICE:

C T CORPORATION SYSTEM

9 CAPITOL ST

CONCORD , NH 03301

ENTITY TYPE: CORPORATION

BUSINESS ID: 2518

STATE OF DOMICILE: MAINE

ELECTRICAL CONTRACTORS('99AR)

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

☐

The new mailing address

☐

The new principal office address

PO Box is acceptable.

OFFICERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

(MUST LIST AT LEAST ONE OFFICER BELOW)

PRES. Jeffrey C Milliken
STREET 474 RIVERSIDE INDUSTRIAL PARKWAY
CITY/STATE/ZIP Portland ME 04103
SEC'Y. Geoffrey Cummings
STREET PO Box 9546
CITY/STATE/ZIP Portland Me 04112-9546
TREAS. Jeffrey C Milliken
STREET 474 Riverside Industrial Parkway
CITY/STATE/ZIP Portland Me 04103
NAME
STREET
CITY/STATE/ZIP

BOARD OF DIRECTORS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

(MUST LIST AT LEAST ONE DIRECTOR BELOW)

DIR. Jeffrey C Milliken
STREET 474 RIVERSIDE INDUSTRIAL PARKWAY
CITY/STATE/ZIP Portland ME 04103
NAME
STREET
CITY/STATE/ZIP
NAME
STREET
CITY/STATE/ZIP
NAME
STREET
CITY/STATE/ZIP

NAMES AND ADDRESSES OF ADDITIONAL OFFICERS AND DIRECTORS ARE ATTACHED

To be signed by an officer, director, or any other person authorized by the board of directors.

I, the undersigned do hereby Certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here:

JEFFREY C. MILLIKEN

Please print name and title of signer:

JEFFREY C. MILLIKEN

PRESIDENT

NAME

TITLE

FEE DUE: \$100.00

E-MAIL ADDRESS (OPTIONAL):



WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A
PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE

REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO SECRETARY OF STATE

RETURN COMPLETED REPORT AND PAYMENT TO:

New Hampshire Department of State, Annual Reports, P.O. Box 9529, Manchester, NH 03108-9529